

## Sole Source Justification Form

Date:	Requisition Number:
Department:	Department Head:
1. State Relevance Of Purchase To Your Mission, Purpose, Research or Study:	
2. Identify Items Or Services To Be Approved For Sole Source Treatment:	
3. Name of Manufacturer Of Item(s) (if applicable):	
4. Name of Single Source Supplier:	
Mailing Address:	
Phone Number:	
Fax Number:	
Web Site Address (if available):	
5. If Purchase Related To Compatibility With Existing Equipment, Then Identify The Item(s) And Applicable Tag Number(s) of State Equipment:	

6. **SOLE SOURCE CONSIDERATIONS - (Mark The One That Best Qualifies)**

- A.  Exclusive Rights . . . Item or service under patent or copyright held by a single vendor and item or service possesses or capabilities critical to use. (Complete Sections 7 & 8 and attach patent/copyright info)
- B.  Exclusive Design . . . Item or service possesses a unique function or capability critical in the use of the item or service and not available from any other sources (Complete Sections 7 & 8)
- C.  Replacement Equipment . . . The purchase is for equipment associated with use of existing equipment where compatibility is essential for integrity of results. (Complete Sections 5, 7 & 8)
- D.  Replacement Parts . . . The purchase is for replacement parts needed for repair of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Sections 5 & 7)
- E.  Replacement Accessories . . . The purchase is for accessories sought for enhancement of existing equipment where compatibility with equipment from the original manufacturer is paramount. (Complete Section 5, 7, & 8)
- F.  Technical Service . . . The purchase is for technical services associated with the assembly, installation or servicing of equipment of a highly technical or specialized nature. (Provide detail in Section 8)
- G.  Continuation Of Prior Work . . . Additional item, service or work required, but not known to have been needed when the original order was placed with vendor, and it is not feasible or practicable to contract separately for the additional need. (Provide detail in Section 8)
- H.  Other . . . (Complete Sections 7 & 8)

